



# DEPARTMENT OF HEALTH

Food & Lodging Program  
108 Cherry Street  
P.O. Box 70  
Burlington, VT 05402-0070  
802-863-7221

For office use only:

ID # \_\_\_\_\_

## APPLICATION FOR LICENSE TO OPERATE A FOOD AND LODGING ESTABLISHMENT

- ☐ New Establishment  
☐ Previously Licensed Location  
☐ Ownership Change  
☐ Renewal

ESTABLISHMENT  
NAME (dba): \_\_\_\_\_

FULL LEGAL NAME OF  
CORPORATION, LLC OR  
OWNER(S): \_\_\_\_\_

PHYSICAL  
ADDRESS: \_\_\_\_\_

ESTABLISHMENT  
PHONE: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

Person to contact regarding  
this application and inspection: \_\_\_\_\_

PHONE: \_\_\_\_\_

This location was a previously  
licensed establishment known as: \_\_\_\_\_

**EXPECTED OPENING DATE:** \_\_\_\_\_

**IF SEASONAL, OPENS:** \_\_\_\_\_

**CLOSES:** \_\_\_\_\_

PUBLIC BUILDING OR WASTEWATER PERMIT # AND DATE ISSUED: \_\_\_\_\_

WATER SYSTEM OWNER/OPERATOR NAME: \_\_\_\_\_

ANR

WATER SOURCE TYPE: ☐ Public ☐ Private

WSID #: \_\_\_\_\_

SEWAGE DISPOSAL TYPE: ☐ Public ☐ Private

**CHECK ALL LICENSES YOU ARE APPLYING FOR:**

**NUMBER OF RESTAURANT SEATS:** \_\_\_\_\_

\_\_\_ **Restaurant** (1-25 seats) \$105.00  
\_\_\_ **Restaurant** (26-50 seats) \$180.00  
\_\_\_ **Restaurant** (51-100 seats) \$300.00  
\_\_\_ **Restaurant** (101-200 seats) \$385.00  
\_\_\_ **Restaurant** (201- 599 seats) \$450.00  
\_\_\_ **Restaurant** (600 or more seats) \$1000.00

\_\_\_ **Home Caterer** \$155.00  
\_\_\_ **Commercial Caterer** \$260.00  
\_\_\_ **Commercial Caterer – Push Cart** \$260.00  
\_\_\_ **Commercial Caterer – Mobile Unit** \$260.00

\_\_\_ **Limited Operation** \$140.00

\_\_\_ **Home Bakery** \$100.00  
\_\_\_ **Small Commercial Bakery** \$200.00  
\_\_\_ **Large Commercial Bakery** \$350.00

**TOTAL LODGING CAPACITY:** \_\_\_\_\_

\_\_\_ **Food Processor** (Gross receipts <\$10,000) *no license required*  
\_\_\_ **Food Processor** (Gross receipts \$10,001-\$50,000) \$175.00  
\_\_\_ **Food Processor** (Gross receipts >\$50,000) \$275.00

\_\_\_ **Children's Camp** \$150.00

\_\_\_ **Seafood Vendor** \$200.00  
\_\_\_ **Shellfish Reshipper/Repacker** \$375.00

\_\_\_ **Lodging** (Capacity 1-10) \$130.00

\_\_\_ **Lodging** (Capacity 11-20) \$185.00

\_\_\_ **Lodging** (Capacity 21-50) \$250.00

\_\_\_ **Lodging** (Capacity 51-200) \$390.00

\_\_\_ **Lodging** (Capacity 201 +) \$1000.00

FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Inspector Assigned \_\_\_\_\_

\*\*\*PLEASE READ AND COMPLETE REVERSE SIDE\*\*\*  
MAKE CHECKS PAYABLE TO VERMONT DEPARTMENT OF HEALTH

07/2015

## APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES

You **must** answer questions 1 and 2.

### Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You **must** check one of the two statements below regarding child support regardless whether or not you have children:

- ☐ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
- or
- ☐ I hereby certify that I am **NOT** in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

### Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You **must** check one of the two statements below regarding taxes:

- ☐ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
- or
- ☐ I hereby certify that I am **NOT** in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Tax ID Number: \_\_\_\_\_ **OR** Social Security #\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

## STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_